

## What is the place of the clinical case report in medical publishing?

This number of the *JRSM* has six case reports in the Proceedings Section, all from the Section of Dermatology. This is partly pragmatism—an opportunity to clear a backlog—but also an opportunity to look at the place of case reports in medical publishing. In editorial board meetings there is nothing like the subject of case reports to create a lively debate, with strongly expressed views, for and against.

The tradition of case reports goes way back. Medical teaching has always relied heavily on case examples. Great doctors included illustrative cases in their oral and written teaching. Good practice was taking the lesson from the particular to the general, much as the law relies upon precedent. Paget's *Surgery of the Chest*<sup>1</sup> is full of cases, many not his own, but quoted from earlier works, some hundreds of years earlier:

A man aged 29, in a duel, was wounded with a rapier just below and to the inner side of the left nipple.

A young soldier in the American war was shot in the left side of the chest.

Our contemporary criticism of this type of medical reporting is that these anecdotes cannot be representative. Even less so in contemporary case reports, which are chosen for their novelty and because they are believed to be unique. How can we extrapolate from a single experience

particularly if it is odd in some way? It is the antithesis of biological science to let a single instance determine our belief and practice. On the other hand, if they are amusing (an inherent sense in 'anecdote') they catch the attention. Attention is a route into memory, and therefore a channel for learning.

With hindsight we can pick out case reports that were 'firsts' to define new condition, or to describe new treatment. If we did it the other way and asked the shrewdest of editors to spot the report in 1995 that medical writers in 2020 and beyond will cite as truly prescient, how would we know which? It would be a lottery, for we cannot see the future.

I have only two specific requests for the writers of case reports. One is to not explicitly claim a first, because all that does is to invite those who wrote a case report before to rush a letter off to the Editor citing their own<sup>2</sup>. The other is not to proffer advice such as 'we therefore recommend that magnetic resonance imaging should be undertaken in all cases of acne'. A junior author, preaching a change in practice on the basis of very odd and singular experience, sounds silly and gains no friends. So let us consider the motives behind sending in case reports and their merits. A chance for the juniors to see their names in print, and have something for the CV is understandable, but may not be reason enough.

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## REFERENCES

- 1 Paget S. *The Surgery of the Chest*. Bristol: John Wright & Co, 1896
- 2 Bryce G A. Ovarian remnant syndrome [Letter]. *J R Soc Med* 1995;88:60